

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059221

1. Entity Name

ROMYDIAM LIMITED, INC.

Principal Place of Business

15881 S.W. 10TH STREET  
PEMBROKE PINES FL 33027

Mailing Address

15881 S.W. 10TH STREET  
PEMBROKE PINES FL 33027

2. Principal Place of Business

3. Mailing Address

169 E FLAGLER AVE.

169 E FLAGLER STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 715

Suite 715

City & State

Miami FL

City & State

Miami FL

Zip

33131

Country

Zip

33131

Country

4. FEI Number

65-0938781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MERKIN, STEWART A ESQ.  
444 BRICKELL AVENUE  
SUITE 300  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | PTSD                    | <input type="checkbox"/> Delete |
| NAME           | MEINER, OREN            |                                 |
| STREET ADDRESS | 15881 SW 10TH ST        |                                 |
| CITY-ST-ZIP    | PEMBROKE PINES FL 33027 |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          |                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                            |  |
| STREET ADDRESS | 169 E FLAGLER STREET # 715 |  |
| CITY-ST-ZIP    | Miami FL 33131             |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-12-01

Date

305-398460

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE